



# State of Idaho

## Peace Officer Standards and Training

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### SUPERVISOR AFFIDAVIT IN SUPPORT OF REQUEST FOR VISION WAIVER

STATE OF IDAHO )  
) ss.  
County of \_\_\_\_\_ )

NAME OF APPLICANT: \_\_\_\_\_

NAME OF APPLICANT'S SUPERVISOR: \_\_\_\_\_, being

first duly sworn upon his/her oath, deposes and responds to the following questions as follows:

1. I am over eighteen years of age and competent to testify.
2. I make this affidavit based on my personal knowledge.
3. I am aware that Applicant has a vision deficiency according to POST Council's vision standards.
4. The vision deficiency is: \_\_\_\_\_

5. I have / have not noticed any problems regarding Applicant's vision that affect his/her ability to perform his/her job duties as a: **Job Title:** \_\_\_\_\_.

6. I have / have no safety concerns for either Applicant or his/her co-workers or those under his/her supervision.

7. The agency head: **Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

supports Applicant's request for a vision waiver.

8. Add any further information, explanation or description that you want the POST Council Hearing Board to consider: \_\_\_\_\_

9. Further your affiant sayeth naught.

DATED this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
SUPERVISOR

\_\_\_\_\_  
SUPERVISOR'S TITLE

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year 20\_\_\_\_, before me, \_\_\_\_\_, personally appeared \_\_\_\_\_, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same.

\_\_\_\_\_  
Notary Public  
Residing in \_\_\_\_\_  
Commission expires on: \_\_\_\_\_